

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725941

FILED
Apr 28, 2006
Secretary of State

Entity Name: MOUNT DORA AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

341 ALEXANDER STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

341 ALEXANDER STREET
PO BOX 196
MOUNT DORA, FL 327570196

New Mailing Address:

PO BOX 196
MOUNT DORA, FL 32756

FEI Number: 59-0369669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOECHST, CATHERINE T
341 ALEXANDER STREET
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: KAISER, ROBERT
Address: 24925 HWY 46
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: BROOKS, BILL
Address: 18055 US HWY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Delete
Name: LIND, DALE
Address: 250 BROOKFIELD AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: WITTNEBERT, AL
Address: 140 E. 4TH AVE
City-St-Zip: MOUNT DORA, FL 32747

Title: D () Delete
Name: PARADIS, DEBRA L
Address: 4400 N. HWY 19A SUITE 6
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MCEWEN, KEVIN
Address: 18500 US HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: DT (X) Change () Addition
Name: BROOKS, BILL
Address: 714 NORTH DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: PD (X) Change () Addition
Name: LIND, DALE
Address: 250 BROOKFIELD AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE LIND

P

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date